

LARNED STATE HOSPITAL
PSYCHOLOGY POSTDOCTORAL
FELLOWSHIP PROGRAM

Handbook

2019-2020



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LARNED STATE HOSPITAL (LSH)

We are currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

LSH is a psychiatric hospital administered by the state of Kansas Department for Aging and Disability Services (www.kdads.ks.gov). LSH is one of three state psychiatric hospitals operated by the state. Located in rural Kansas on a 78-acre campus, LSH has three distinct programs. Post-Doctoral Fellows are assigned to one of the two programs: Psychiatric Services Program (PSP) or the State Security Program (SSP).

The Psychiatric Services Program is comprised of three 30-bed units which provide care and treatment for adults from a 61 county catchment area. Most patients are admitted on an involuntary status after being found to be a mentally ill person who is a danger to self and/or others or unable to adequately care for him or herself. All patients must be screened through his/her local mental health center before he/she can be admitted.

The State Security Program is comprised of five units which serves patients who are criminally committed by the court system for treatment and evaluation. SSP provides court ordered pre- and post-trial assessments (e.g., competency to stand trial assessments, pre-sentence evaluations), sexual predator evaluations, competency restoration treatment, treatment for patients found not guilty by reason of mental defect, and treatment in lieu of confinement. Also housed on SSP, is the Security Behavior Unit (SBU) for civilly committed male patients who have severe behavioral disturbances including extreme aggressiveness. The Security Behavior Unit accepts patients from PSP and from our sister hospital (Osawatomie State Hospital). SSP is the only “forensic” hospital in the State of Kansas and therefore, accepts patients from all counties in the state.

There are two additional facilities located on the LSH campus:

- 1) The Larned Correctional Mental Health Facility is operated by the Kansas Department of Corrections (KDOC) for younger male inmates.
- 2) The KDOC also operates a minimum-security male prison on campus.

Patients at LSH are provided a full range of psychiatric services including social detoxification, psychosocial rehabilitation, individual and group therapy, co-occurring disorders treatment, activity therapy, medication management, case management, vocational training, behavior support plans, discharge planning, and other services. All programs/units provide treatment using an interdisciplinary treatment team in which psychology staff members serve as treatment team facilitators.

Clinical departments who have core members in the treatment teams are: psychiatry, psychology (who serve as treatment team facilitators on SSP), social services, and nursing. Other clinical departments involved in patient care at LSH include: activity therapy, dietary staff, chaplaincy, clinic/laboratory services, and pharmacy.

The Department of Psychology at LSH is comprised of caring and competent practitioners. The Director of Psychology is a licensed psychologist who has oversight of the SSP and the PSP and supervises the Supervising Psychologists for those programs. Supervising Psychologists are responsible for the oversight and clinical and administrative supervision of the provision of all psychological services in his/her program. In addition to the Supervising Psychologists, a training faculty consisting of appropriately licensed psychology staff provide clinical supervision for psychology clerks (those who are completing a Bachelor's degree), practicum students (those who are completing a Master's Degree), doctoral interns (those who are completing a Doctoral degree), and post-doctoral fellows (those obtaining the needed training and supervision hours for licensure). Furthermore, the department is composed of licensed (and temporarily licensed) doctoral psychologists, licensed (and temporarily licensed) master's level psychologists, post-doctoral fellows, clinical therapists, licensed addictions counselors, human service counselors, and program consultants.

For more information about Larned State Hospital please visit <https://larnedcares.com/>.

To learn information about living in the City of Larned and LSH, a Facebook page is also available: <https://www.facebook.com/pages/Larned-State-Hospital/384780974931399>

PROGRAMS

On PSP, all Post-doctoral Fellows will work with patients who are either voluntarily or involuntarily civilly committed by the court for inpatient treatment due to psychiatric issues causing them to be a danger to themselves/others or unable to adequately care for themselves without further intervention. On PSP, there are also forensic patients (those who were found not competent to stand trial or were moved to a less restrictive environment as a result of a lack of mental state decision by the court). Misdemeanor competency evaluations also are ordered to PSP. Post-Doctoral Fellows will have the opportunity to work with patient populations that range from young adults to geriatric patients in various units designed to meet the specific needs of patients based on the patients' age, current psychiatric functioning, and estimated length of stay. Post-Doctoral Fellows will participate in initial diagnostic assessments, competency restoration, psychological testing, suicide risk assessments, comprehensive test battery administrations, report writing, and completing various reports for the court, ranging from civil commitment reports, guardianship reports, and forensic reports. Both report categories lead to the provision of expert testimony in various courts. Additionally, the PSP Fellow will serve treatment teams and conduct treatment planning meetings, in addition to assisting in the development and completion of individual treatment plans. Post-doctoral Fellows on PSP will also attend psychology specific meetings and meet with pre-doctoral interns on a weekly basis. Lastly, a Post-Doctoral Fellow will conduct individual and group therapy.

On SSP, all Post-Doctoral Fellows will be exposed to working with criminally committed patients. Post-Doctoral Fellows will complete various forensic evaluations (e.g., competency to stand trial assessments, mental state at the time of the offense determinations, and pre-sentence evaluations). Additionally, the SSP Fellow will serve as a treatment team facilitator and assist with treatment planning meetings and completion of individual treatment plans. It is likely a

SSP Post-Doctoral Fellow will testify in various court cases as requested. Post-Doctoral Fellows on SSP will also attend required psychology meetings and meet with pre-doctoral interns on a weekly basis. Lastly, a Post-Doctoral Fellow will conduct individual and group therapy, including a competency restoration group.

MISSION STATEMENT:

The mission statement of Larned State Hospital (LSH) is: *To foster an environment that promotes security, dignity and independence for all Kansans.*

The mission statement of the LSH Psychology Postdoctoral Fellowship Program is: *To provide an integrated educational and supervisory approach in the on-going growth and maintenance of competent, proficient, scholar-practitioner modeled psychologists in service to Kansans in needs of mental health services*

TRAINING

TRAINING PROGRAM

Fellows receive a one year, 2000 hour training experience, generally from September through August. A temporary license is needed at the start of the Postdoctoral Fellowship training year. This can be at the Masters level until one's degree is posted and license as a Temporary-Licensed Psychologist license (TLP) is available. Furthermore, a Postdoctoral Fellow receives a salary of \$48,000/year with benefits (medical, dental, vision, etc.).

INDIVIDUAL SUPERVISION

Supervision for all Postdoctoral Fellows will be conducted in accordance with State of Kansas Statutes and Regulations for psychology licensure and Association of Psychology Postdoctoral and Internship Centers (APPIC) Guidelines for Postdoctoral Fellowships. Each Postdoctoral Fellow typically has one primary supervisor and a secondary supervisor who provides coverage in the absence of the primary supervisor. The assignment of primary supervisor for each Postdoctoral Fellow is a senior staff psychologist, who is licensed in the State of Kansas, and maintains clinical responsibility for the Fellow's caseload. Each Fellow receives two hours per week of individual supervision from the primary supervisor. Supervision focuses on brief and longer-term psychotherapy cases, intake evaluations, focused assessments, crisis intervention, group therapy, administration issues, supervision approaches, forensic report writing, forensic assessment, and case management. Supervisors and Postdoctoral Fellows agree to abide by a supervisory agreement (Appendix B)

PEER CONSULTATION

All Fellows will spend one hour a week in peer consultation with three pre-doctoral interns and other students (clerks/practicum students). This aspect of the Post-Doctoral experience focuses mainly on recognizing the realities of life as a new psychology professional, developing supervisory skills, and effectively managing job responsibilities in a large institution.

GROUP SUPERVISION

All Fellows will spend one hour a week in group supervision.

CASE CONFERENCES

Postdoctoral Fellows complete a minimum of two case conferences during the training program. Fellows will present their clinical work, such as a challenging therapy case or a complex evaluation. Treatment/assessment issues and client dynamics are discussed with other Fellows, psychology interns, and the senior staff member leading the training session.

SEMINARS

Postdoctoral Fellows participate in a number of didactic training experiences while at Larned State Hospital. The training seminars are designed to enhance and supplement the learning that occurs through supervision and clinical experiences. They will also be expected to present at least one didactic training during their Fellowship year.

DIRECT SERVICE

Each Postdoctoral Fellow is involved in a number of types of direct service during his/her training including (but not limited to): diagnostic assessments, brief and long term psychotherapy with individuals, group therapy, crisis intervention, treatment planning meetings, psychological testing, clinical interview, court testimony, writing court reports, development and implementation of behavior support plans (when needed), forensic evaluations, and case management.

ELECTIVE TRAINING EXPERIENCES

In addition to the training opportunities described above, Postdoctoral Fellows may choose to obtain training experiences through opportunities offered through the LSH department of Staff Development or attending off-site workshops. Elective trainings are typically matched to an individual trainee's area of interest.

NOTE: Each Postdoctoral Fellow's supervisor can approve additional authorized leave for attending scientific meetings/workshops/etc. with the expectation the Fellow shares information obtained with other staff (be it in a meeting, developing a training, etc).

RESOURCES AVAILABLE TO FELLOWS

LSH has an Information Technology (IT) department for computer and networking needs. Each Fellow has office space which provides a computer with Microsoft Office software, Internet and e-mail capabilities. Additionally, Fellows have access to fax machines, copiers, scanners, printers, telephones, tele-video conferencing (often times for court) and computerized scoring protocols for various psychological measures. Fellows also have access to reserve and use conference rooms across campus. The psychology department has a resource library that Fellows can access. Furthermore, the psychology department has an administrative assistant who provides hundreds of hours of services to the Fellowship (assisting in setting up interviews, providing housing information, filing, providing mailing services, assisting with applications, addressing key assignments, etc.).

SIGNING OFF ON HOURS

Each Fellow is strongly encouraged to complete the entirety of the training experience for training faculty members to sign off on postdoctoral hours noting successful completion of the entire training experience, including the total number of required hours completed. The current program is set up to meet the licensure requirements not only in Kansas but in most states throughout the country as a Fellow is required to complete 2,000 hours over a 12 month period.

LARNED STATE HOSPITAL TRAINEE SELF-DISCLOSURE POLICY

Training staff at Larned State Hospital values the power and complexity of the therapeutic relationship. Consequently, intervention, supervision, and training activities focus on the “person of the therapist” and how this may impact the quality and effectiveness of work with clients and consultants. Trainees may be asked to reflect upon and share the ways that their own personal qualities, reactions and experiences influence and are impacted by their clinical work in supervision and other training settings. Such exploration and disclosure is not intended to serve as psychotherapy for the trainee, and is focused on enhancing self-awareness and professional development as related to the trainee’s clinical practice during the training program. Supervisors and other training staff are expected to explore relevant information in a respectful, non-coercive manner, within the context of a safe and supportive professional relationship.

POSTDOCTORAL FELLOWSHIP SELECTION

The Director of Training is responsible for coordinating the application and selection process. Applications are sent directly to the Director of Training’s Administrative Assistant, who holds the file until all materials have been received. During the 2015-2016 year, LSH added participation in the submission/review process of applications similar to the intern process (and sponsored by APPIC) while continuing to accept applications received directly from applicants via mail or email. We will continue to do so for subsequent training years. Skype interviews may be utilized to assist in the interview process; on-site interviews, though not required, are strongly encouraged. Applicants are notified of his/her interview status by phone and/or email. Final approval of all candidates is made by the Postdoctoral Fellowship selection committee (i.e., the Director of Training and the training faculty). Larned State Hospital adheres to the procedures established by APPIC for offering psychology Postdoctoral Fellowship positions. All offers are contingent upon completion of dissertation prior to the start date of the Fellowship year. If the dissertation is not completed, the offer may be withdrawn and that slot will be advertised and filled with a different applicant. The applications of individuals not accepted into the program are kept on file for a period of two years for administrative purposes.

Admission requirements include the completion of all professional doctoral degree requirements from a regionally accredited institution of higher education and completion of a predoctoral internship which meets, at minimum, the standards suggested by APPIC. This is defined as having, on the first day of the Fellowship, either the diploma in hand or a letter from the Director of Graduate Studies verifying the completion of all degree requirements for the doctorate,

including coursework, dissertation, and the predoctoral internship. Furthermore, a Postdoctoral Fellow must have a temporary license issued from the Kansas Behavioral Sciences Regulatory Board by the fourth week of the Fellowship (unless reasons from the Board dictate otherwise). License applications are processed by the Kansas Behavioral Sciences Regulatory Board (<https://ksbsrb.ks.gov/>) or (785) 296-3240.

APA guidelines on specialty change are followed. Fellows having completed doctoral studies in fields other than clinical, counseling, or school psychology must have received a certificate of equivalency from an APA/CPA accredited program attesting to their having met APA/CPA standards, including internship. Additionally, respecialization students must complete an internship that meets APPIC standards.

A number of sources of information are used to assess candidates for the Postdoctoral Fellowship, including the letter of interest (which should include a statement of professional goals), Curriculum Vita, work sample, and letters of recommendation. Additionally, all applicants will participate in an interview with the training faculty. Selections are made without discrimination based on race, ethnicity, national origin, religion, gender, age, disability, gender identity, sexual orientation, or veteran's status.

Prior to beginning employment for the Fellowship, Postdoctoral Fellows who are hired ("contingent offer") by Larned State Hospital must successfully complete a pre-employment drug screening, have a recent physical completed, and pass a criminal background check, in accordance with Larned State Hospital policy. If selected for a position, the background check, which includes finger-printing, will be completed. Failure to successfully pass any of the pre-employment screens (criminal background check and drug screening) will result in retraction of the offer of employment at LSH.

APPLICATION PROCESS

Prior to selection, the following material needs to be submitted via the on-line website sponsored by APPIC:

- Statement of interest
- Current Curriculum Vita
- Copy of graduate transcript
- Three letters of reference
- Two redacted reports

After selection and acceptance, the following forms need to be completed and returned to (even if some forms say return elsewhere):

Larned State Hospital
Attn: Human Resources (Recruitment Office)
1301 KS HWY 264
Larned, KS 67550

The forms included are as follows:

- KDADS Security Clearance Form (PM-6619)

- Human Resources Shared Services Security and Employment Information (3 pgs.)
- Employee Registration Information and Demographic Survey (1 pg.)
- Candidate's Authorization and Request to Release Information (2 pgs.)
- Employee Health Assessment and Tuberculosis (TB) Assessment (LSH-511c)
- Employee Medical Examination Report (LSH-512c)
- Infection Prevention and Control Policy and Procedure Manual, ICP– 33
- Kansas Employment Application
- Finger Print Card

APPLICATION DEADLINE

Application materials are due the second week of January. We adhere to the universal notification date; however, applications will continue to be accepted until all positions are filled.

POSTDOCTORAL FELLOWSHIP CREDIT

The 2019-2020 LSH Post-Doctoral Fellowship is a full time (minimum 40 hours a week), 12-month program resulting in 2,000 training hours. Post-Doctoral Fellows earn 3.7 hours of sick and 3.7 hours of vacation each pay period (every two weeks). Individuals who satisfactorily complete the program receive a certificate reflecting their accomplishment.

Note: You cannot complete more than one Post-doctoral training experience at LSH.

Credit toward fulfilling the requirements of state certification or licensure is a decision made by the Board of Examiners wherein application is being made. If, for whatever reason, a Fellow's participation in the LSH Post-doctoral Fellowship is terminated prior to completing the full 12-month program, it is our policy to provide the Post-doctoral Fellow and any subsequent legitimate inquirers (such as a State Board of Examiners) a statement which:

1. Documents the amount of time the Post-doctoral Fellow was in the program
2. Indicates the Post-doctoral Fellow's status within the program at the time of termination
3. Reflects the reasons for the termination
4. Summarizes the evaluations of the Post-doctoral Fellow's supervisors

PROFESSIONAL LIABILITY INSURANCE

Post-doctoral Fellows will be provided professional liability coverage through LSH.

EMPLOYMENT OF POSTDOCTORAL FELLOWS

The practice of psychology by a LSH psychology Post-doctoral Fellow is governed by the following documents:

1. APA code of ethics
2. Kansas State Laws
3. Kansas Department for Aging and Disability Services Policies and Procedures
4. Kansas Behavioral Sciences Regulatory Board (www.ksbsrb.org)

5. Larned State Hospital Policies and Procedures
6. Larned State Hospital Postdoctoral Handbook

In accordance with the rules, regulations and policies contained in the above documents, a psychology Post-doctoral Fellow may not practice psychology at any level within the State of Kansas without direct supervision by a licensed psychologist who is employed at Larned State Hospital. The Post-doctoral Fellow must be in receipt of a temporary Kansas psychologist license within four weeks of start date of the Fellowship, though extensions may be permitted on a case-by-case basis past the four week period. Application for temporary licensure must be made to the Kansas Behavioral Sciences Regulatory Board (<https://ksbsrb.ks.gov/>) or (785) 296-3240.

Supervision will include a co-signature for all entries into the medical record as well as any psychological/court reports written. Post-doctoral Fellows will be provided with a spreadsheet, if desired, to track her/his hours spent at the hospital. The Post-doctoral Fellow is responsible for reviewing these hours with his/her direct supervisor.

HIPAA/PATIENT RIGHTS

LSH has an extensive set of policies in place to protect patient rights, including informed consent, confidentiality, and privacy of patient records. A Health Insurance Portability and Accountability Act (HIPAA) privacy officer and a KDADS attorney are both on-site to consult on such matters. Our Central Information Management department maintains a Documentation Systems Manual that outlines documentation requirements. Additionally, LSH maintains an Intranet where all policies and procedures can be found. All Post-doctoral Fellows will attend the hospital orientation where she/he will receive an overview of these policies. In addition, there is a departmental orientation that will also provide the Post-doctoral Fellow information about LSH policies/procedures. Post-doctoral Fellows are expected to follow all LSH, program, and department policies. We encourage Post-doctoral Fellows to read all hospital and departmental policies as well as the policies for their assigned programs.

ROUTINE FELLOW EVALUATIONS

Post-doctoral Fellows receive 2 written (Post-doctoral Fellow Evaluation form, included in this manual) per year, the first at 6 months and the second at the end of the fellowship. Each Fellow's evaluation is completed by the primary supervisor and is discussed in a supervision session when the written evaluation is delivered to the Fellow. In the event of a significant, unresolved disagreement regarding the results of a Fellow Evaluation, please review the grievance procedures to seek resolution.

GRIEVANCE PROCEDURES

This section provides Post-doctoral Fellows and staff an overview of the identification and management of Fellow problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems.

I. Definition of Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when a Post-doctoral Fellow's behavior becomes problematic rather than of concern. Post-doctoral Fellows may exhibit behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training.

Problems typically become identified when they include one or more of the following characteristics:

1. The Post-doctoral Fellow does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the Post-doctoral Fellow is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The Post-doctoral Fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the Post-doctoral Fellow, the clients involved, members of the Post-doctoral Fellow training group, the training faculty, and other agency personnel. A progressive remediation/sanction process will be used when necessary during the Post-doctoral Fellowship experience.

The following steps will be employed:

1. Verbal Warning to the Post-doctoral Fellow emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. Written Acknowledgment to the Post-doctoral Fellow formally acknowledges:

- a) That the Training Director is aware of and concerned with the performance rating,
- b) That the concern has been brought to the attention of the Post-doctoral Fellow,
- c) That the Training Director will work with the Post-doctoral Fellow to rectify the problem or skill deficits, and
- d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the Post-doctoral Fellow's file when the Post-doctoral Fellow responds to the concerns and successfully completes the Post-doctoral Fellowship.

3. Written Warning/Letter to the Post-doctoral Fellow indicates the need to discontinue an inappropriate action or behavior. This letter will contain:

- a) A description of the Post-doctoral Fellow's unsatisfactory performance;
- b) Actions needed by the Post-doctoral Fellow to correct the unsatisfactory behavior;
- c) The time line for correcting the problem;
- d) What action will be taken if the problem is not corrected; and
- e) Notification that the Post-doctoral Fellow has the right to request a review of this action.

A copy of this letter will be kept in the Post-doctoral Fellow's file. Consideration may be given to removing this letter at the end of the Post-doctoral Fellowship by the Training Director in consultation with the Post-doctoral Fellow's primary supervisor. If the letter is to remain in the file, documentation will contain the position statements of the parties involved in the dispute.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the Post-doctoral Fellow to a more fully functioning state. Modifying a Post-doctoral Fellow's schedule is an accommodation made to assist the Post-doctoral Fellow in responding to personal reactions to environmental stress, with the full expectation that the Post-doctoral Fellow will complete the Post-doctoral Fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director.

Several possible and perhaps concurrent courses of action may be included in modifying a schedule such as:

- a) Increasing the amount of supervision, either with the same or other supervisors;
- b) Change in the format, emphasis, and/or focus of supervision;
- c) Recommending personal therapy
- d) Reducing the Post-doctoral Fellow's clinical or other workload;
- e) Requiring specific academic coursework.

The length of a schedule modification period will be determined by the Training Director in consultation with the primary supervisor. The termination of the schedule modification period will be determined, after discussions with the Post-doctoral Fellow, by the Training Director in consultation with the primary supervisor.

5. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the Post-doctoral Fellow to complete the Post-doctoral Fellowship and to return the Post-doctoral Fellow to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors for a specific length of time the degree to which the Post-doctoral Fellow addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The Post-doctoral Fellow is informed of the probation in a written statement which includes:

- a) The specific behaviors associated with the unacceptable rating;
- b) The recommendations for rectifying the problem;
- c) The time frame for the probation during which the problem is expected to be ameliorated, and
- d) The procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the Post-doctoral Fellow's behavior to remove the Probation or modified schedule, then the Training Director will discuss with the primary supervisor the possible courses of action to be taken. The Training Director will communicate in writing to the Post-doctoral Fellow that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative.

6. Suspension of Direct Service Activities requires a determination that the welfare of the Post-doctoral Fellow's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the training supervisor. At the end of the suspension period, the Post-doctoral Fellow's supervisor in consultation with the Training Director will assess the Post-doctoral Fellow's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Suspension of Direct Service Activities or Administrative Leave interferes with the successful completion of the training hours needed for completion of the Post-doctoral Fellowship, this will be noted in the Post-doctoral Fellow's file. The Training Director will inform the Post-doctoral Fellow of the effects the administrative leave will have on the Post-doctoral Fellow's stipend and accrual of benefits.

8. Dismissal from the Post-doctoral Fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the Post-doctoral Fellow seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the training faculty

and the Clinical Director of the hospital the possibility of termination from the Post-doctoral Fellowship program. Either administrative leave or dismissal would be invoked immediately in cases of severe violations of the APA Code of Ethics or when imminent physical or psychological harm to a patient is a major factor.

III. Procedures for Responding to Inadequate Performance by a Fellow

If a Post-doctoral Fellow receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about a Post-doctoral Fellow's behavior (ethical or legal violations, professional incompetence, etc.) the following procedures will be initiated:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Training Director is not the Post-doctoral Fellow's primary supervisor, the Training Director will discuss the concern with the Post-doctoral Fellow's primary supervisor.
3. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
 - a. The Training Director will meet with the training faculty to discuss the performance rating or the concern.
 - b. The Training Director will meet with the Clinical Director of the Hospital to discuss the concerns and possible courses of action to be taken to address the issues.
4. Whenever a decision has been made by the Training Director about a Post-doctoral Fellow's training program or status in the agency, the Training Director will inform the Post-doctoral Fellow in writing and will meet with the Post-doctoral Fellow to review the decision. This meeting may include the Post-doctoral Fellow's primary supervisor. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
5. The Post-doctoral Fellow may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

IV. Due Process: General Guidelines

Due process ensures that decisions about Post-doctoral Fellows are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all Post-doctoral Fellows, and provide appropriate appeal procedures available to the Post-doctoral Fellow. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the Post-doctoral Fellows, in writing, the program's expectations related to professional functioning—discussing these expectations in both group and individual settings.

2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the Post-doctoral Fellow which describes how the Post-doctoral Fellow may appeal the program's action. Such procedures are included in the Post-doctoral Fellowship Handbook. The Postdoctoral Fellowship Handbook is provided to Fellows and reviewed during orientation.
6. Ensuring that Post-doctoral Fellows have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the Post-doctoral Fellow's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved among the Training Director and Post-doctoral Fellow, the steps to be taken are listed below.

A. Grievance Procedure

There are two situations in which grievance procedures can be initiated:

1. In the event a Post-doctoral Fellow encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, a Post-doctoral Fellow can:
 - a. Discuss the issue with the staff member(s) involved;
 - b. If the issue cannot be resolved informally, the Post-doctoral Fellow should discuss the concern with the Training Director or a training supervisor;
 - c. If the Training Director or training supervisor cannot resolve the issue, the Post-doctoral Fellow can formally challenge any action or decision taken by the Training Director, the supervisor or any member of the training faculty by following this procedure:
 - i) The Post-doctoral Fellow should file a formal complaint, in writing and all supporting documents, with the Training Director. If the Post-doctoral Fellow is challenging a formal evaluation, the Post-doctoral Fellow must do so within five (5) days of receipt of the evaluation.
 - ii) Within three (3) days of a formal complaint, the Training Director must consult with the Clinical Director and/or Superintendent and implement the Review Panel procedures as described below.

2. If a training staff member has a specific concern about a Post-doctoral Fellow, the staff member should:
 - a. Discuss the issue with the Post-doctoral Fellow(s) involved.
 - b. Consult with the Training Director.
 - c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Director for a review of the situation. When this occurs, the Training Director will:
 - i) Within three (3) days of a formal complaint, the Training Director must consult with the Clinical Director and/or Superintendent and implement Review Panel procedures as described below.

B. Review Panel and Process

1. When needed, a review panel will be convened by the Training Director. The panel will consist of three staff members selected by the Training Director with recommendations from the Clinical Director and/or Superintendent and the Post-doctoral Fellow involved in the dispute. The Post-doctoral Fellow has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five (5) working days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) working days of the completion of the review, the Review Panel submits a written report to the Training Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
3. Within three (3) working days of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the Training Director within five (5) working days of the receipt of the Training Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken.
5. The Training Director informs the Post-doctoral Fellow, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.
6. If the Post-doctoral Fellow disputes the Training Director's final decision, the Post-doctoral Fellow has the right to consider an appeal to the Clinical Director/Superintendent.
7. If the Post-doctoral Fellow elects to file an appeal to the Clinical Director/Superintendent, the Fellow will submit the appeal in writing, including any supporting documentation, to the Clinical Director/Superintendent.
8. Within 5 working days, the Clinical Director/Superintendent will set a review session with the Post-doctoral Fellow, during which the facts of the case, any rebuttal or additional information, and the Clinical Director/Superintendent's recommendation for

resolution is discussed. The results of this session are documented in writing, signed by both parties, and forwarded to the Training Director for implementation.

POLICY ON SOCIAL MEDIA

LSH is a teaching facility that provides psychology students/interns/post-doctorate fellows with required experience to fulfill educational and licensure obligations. This guideline is intended to notify such persons, both applying to the training program and those currently in the program, that they are personally responsible for all content they publish in blogs, wikis, social networks, forum boards, and other forms of user-generated media. This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google, including search results for social media sites like Facebook, MySpace, Twitter, LinkedIn, etc. LSH does not have permission to perform an in-depth investigation or require students/interns/post-doctorate fellows to disclose Internet passwords. Additionally, an applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws.

Public information posted on social networking sites may be considered and evaluated as to how it reflects professionalism by LSH Training Faculty. It's important to remember that all content contributed to online platforms becomes immediately searchable and is immediately shared. This content may leave the contributing individual's control forever and may be traced back to the individual even after long periods of time have passed. . Let this serve to notify those both considering applying to this training program as well as to those currently enrolled that information posted on social networking sites may be considered and evaluated as to how it reflects your professionalism. Professionalism is considered a core competency of psychology. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.

LSH has the responsibility to protect future patients from harm by ensuring that all applicants and psychology students/interns/post-doctorate fellows are fit to practice interpersonal psychotherapy. Therefore, public information obtained via the Internet may be used by appropriate LSH staff to evaluate applicants and their behaviors which may be indicative of competence problems, poor professionalism, or poor interpersonal judgment. Such practice is consistent with the role played by training programs as gatekeepers to the profession and the evaluation may result in adverse actions. Examples of troubling behavior include acts of discrimination, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of psychology.

Principle E of the Ethical Code for Psychologists (2002) states in part that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty is respectful of individuals' reasonable right to privacy, even on a medium as inherently public as the Internet. However, it is the responsibility of applicants and current students to decide what information about themselves they want shared with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to "dig" for information that individuals are making a reasonable attempt to keep private.

When problematic behavior or information is identified, it shall be reviewed and discussed by the LSH Training Faculty for any implications it has for the professional practice of psychology and potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist. The following criteria will be used: What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the LSH training program? How and in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior? Alleged offenders will be contacted so as to provide an explanation for the obtained information and to permit the individual to contextualize and explain the information uncovered. From this determination, options will be developed; these options include, but are not limited to, denial of an interview or entry to the program, remedial training, or other interventions to address professionalism.

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand or address the problematic behavior when it is identified. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by training. The behavior has the potential for ethical or legal ramifications, if not addressed. The individual's behavior negatively affects the public image of the agency, university, or the training site.

LSH adheres to a social media policy set forth by the Department of Administration. Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to "private" and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include patients as part of their social network, or include any information that might lead to the identification of a patient, or compromise patient confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. As a preventive measure, the program advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

TRAINING GOALS

The Post-doctoral Fellowship at Larned State Hospital provides supervised training for recent graduates of clinical psychology doctoral programs. The primary training objective of the program is to allow Post-doctoral Fellows to develop advanced skills in the multiple roles and functions of a competent clinical psychologist.

The general goals for the overall program are:

- To provide each Post-doctoral Fellow with an opportunity to enhance and expand psychotherapy, assessment, clinical supervision, consultation and outreach, teaching, and crisis management skills, in preparation for autonomous functioning as a licensed psychologist.
- To promote each Post-doctoral Fellow's awareness of the ethical and cultural factors impacting his/her work with clients and organizations.
- To prepare each Post-doctoral Fellow to assume the role and identity of a psychologist in a variety of professional settings, with particular emphasis on civil, forensic, and sexual predator populations.

In addition to these general goals, each Post-doctoral Fellow, in conjunction with the primary supervisor, develops individual goals for the training year.

In order to complete the Fellowship successfully, it is expected that each Post-doctoral Fellow will achieve advanced clinical skills in psychotherapy (which may include individual and group modalities), crisis intervention, assessment/diagnosis, treatment planning, outreach and consultation, and provision of clinical supervision. Specific goals and competencies for the Fellowship are listed in the section below. In addition to these goals, program specific goals can be developed and implemented by each postdoctoral Fellow with their supervisor.

Goal #1: Fellows will develop advanced levels of competence in clinical and consultative work. Specific competencies to be achieved include:

Assessment/Evaluation:

- Can develop hypotheses concerning client behavior and dynamics
- Verbal and written conceptualizations convey essential elements of client dynamics
- Knows when to seek further information to conceptualize the client
- Incorporates nonverbal/process components of behavior in formulating client assessments
- Knows when to seek further information to conceptualize the client
- Incorporates nonverbal/process components of behavior in formulating client assessments
- Demonstrates competence using diagnostic criteria (DSM -5 and modifications)
- Bases conceptualization and diagnosis on sound psychological theory

Psychotherapy/Case Management:

- Can employ basic interviewing skills, including initiating/terminating the interview
- Can explore client feelings
- Deals with client behavior in a nonjudgmental manner

- Selects interventions based on client needs
- Develops effective relationships with clients
- Develops goals appropriate for client issues
- Treatment planning incorporates realistic goals for short vs. longer term therapy
- Uses silence effectively
- Can provide both positive and negative feedback
- Can explore therapeutic process issues effectively with clients
- Awareness of group process and dynamics
- Able to intervene effectively in group therapy.

Consultation and Outreach

- Establishes and maintains positive consultative relationships
- Provides effective outreach programming to diverse constituents
- Demonstrates understanding of the consultative role
- Assists those consulted in managing crises or potential crises

Crisis Intervention:

- Can appropriately assess crisis situations
- Can appropriately intervene during crisis situations
- Seeks consultation or supervision when encountering crisis situations as needed
- Provides appropriate follow-up
- Effectively makes referrals to campus and community resources

Ethical/Legal Principles:

- Understands abuse reporting mandates
- Seeks consultation/supervision regarding legal mandates
- Knowledge of ethical standards
- Ability to apply ethical guidelines (demonstrates ethical behavior)
- Provides up to date case notes and/or assessment forms
- Demonstrates awareness of the hospital's limitations and assets.
- Duty to warn

Self-awareness:

- Monitors and recognizes one's own limitations as a counselor/psychotherapist
- Recognizes own personal strengths, weaknesses, biases, needs and beliefs
- Is aware of own feelings toward the client
- Understand client's impact on self
- Understand supervisor's impact on self
- Understands personal impact on client

Goal #2: Fellow will develop advanced cultural competence and demonstrate this competence in clinical and consultative work. Specific competencies to be achieved include:

Cultural Diversity and Cultural Competence:

- Demonstrates ability to incorporate ethnic, cultural, gender, socioeconomic, sexual orientation or other diversity when conceptualizing and diagnosing client dynamics
- Is competent using differential therapy techniques with client from varying ethnic, cultural and lifestyle backgrounds
- Takes into account individual differences in treatment planning
- Demonstrates awareness of how own cultural identity might affect treatment
- Comfortable and competent working with clients from diverse/dissimilar cultural group(s)

Goal #3: Postdoctoral Fellow will demonstrate advanced development of professional identity as a psychologist and the roles related to functioning as a psychologist. Specific competencies to be achieved include:

Providing Supervision and Teaching (when applicable):

- Uses theory appropriately to guide supervisee's (practicum/clerk students only) treatment planning, conceptualization and intervention
- Understands process issues related to providing supervision
- Maintains appropriate boundaries with supervisee
- Able to provide positive and negative feedback to supervisee in a supportive manner
- Aware of how own process and issues impact the supervisory relationship
- Assists supervisee in meeting ethical guidelines and standards of care
- Provides appropriate instruction to practicum students on clinical and professional development topics.

Research:

- Maintains awareness of research which is relevant to clinical and consultative work

Use of Supervision/Staff Relations:

- Open to evaluation and feedback
- Willing to take risks and acknowledge troublesome areas and make mistakes
- Exhibits effective use of supervisory time
- Takes the initiative, actively participates in supervision
- Communicates self to the supervisor when appropriate (transparency)
- Displays a willingness to be assertive and does not inappropriately defer to supervisor
- Has an understanding of feelings toward authority figures
- Applies what is discussed in supervision to interactions with clients
- Relates effectively with other trainees and staff

Each postdoctoral Fellow is involved in a number of activities during the training year with the goal of developing competence and meeting the objectives of the Postdoctoral Fellowship.

In general, these include:

- Conducting assessments
- Providing brief psychotherapy with individuals
- Group therapy

- Providing longer-term psychotherapy
- Crisis Intervention
- Treatment planning
- Report writing
- Providing consultation to individuals and organizations
- Court reports and testimony
- Instruction and supervision of students (**when applicable**)

Specific Programs will have additional activities which are pertinent to the practice of that specialty of Psychology. Namely, State Security Program, Sexual Predator Treatment Program and Psychiatric Services Program will provide the postdoctoral Fellow with an additional specific skill set in addition to the basic global activities.

Postdoctoral Fellowship Log of Hours (Sent in an Excel spreadsheet)
Turn in at the end of every month beginning in September

Larned State Hospital: Weekly Hours						Date:
Postdoctoral Fellow:						
Supervised Hours for the Week of _____	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Direct Service:						
Individual						
Group						
Staffing (patient present)						
Testing & Assessment						
Psych-Education Presentations						
Other: (e.g., Managing Token Store)						
Subtotals						
Other Activities:						
Training Received						
Case Management						
Assessment Interpretation & Report Writing						
Staff Meetings						
Professional Development						
Charting						
Miscellaneous Paper Work						
Record Review						
Other:						
Subtotals						
Supervision Received						
Face to Face, Individual with Primary Supervisor						
Group Supervision						
Face to Face, Individual with Secondary Supervisor						
Subtotals						
Totals						

LSH PSYCHOLOGY POSTDOCTORAL FELLOWSHIP EVALUATION

This form has two parts. Part I requests general information about the postdoctoral Fellowship setting. Part II requests information about your supervisor. This form is to be returned to the Director of Training. This form must be completed in order to receive credit for completion of your Post-doctoral Fellowship year (Due the last day of the Fellowship).

Part I

1. Identification

a) Primary supervisor: _____

2. Description of Activities

What percent (%) of your working time did you spend within the following activities?

a) *Assessment*:

Interviewing _____

Testing _____

Other _____

Subtotal for assessment _____

b) *Treatment*:

Individual psychotherapy _____

Group psychotherapy _____

Consultation to clients _____

Other (specify): _____

Subtotal for treatment _____

c) *Administration* (e.g., administrative meetings, policy sessions, memo writing, compiling statistics) _____

d) *Study and research* (article review and research) _____

e) *Supervision and Consultation* (e.g., individual/group supervision, case conference) _____

f) Time at the **Post-doctoral Fellowship** in which you found little to do _____

GRAND TOTAL (should equal) 100%

3. Description of Patients

a) What percent (%) of your **Post-doctoral Fellowship** time was spent with the following age groups?

Adults (19-65) _____

Older adults (>65) _____

TOTAL 100%

b) During what percent of your time did you work with the following diagnoses:

Schizophrenia & other psychotic disorders _____

Mood disorders _____

Anxiety disorders _____

Substance use disorders _____

Personality disorders _____

Neurocognitive Disorders _____

Mental retardation _____

Other: _____

4. Congruence of experience with expectations

a) Compared to your expectations when you agreed to take on this **Post-doctoral Fellowship** experience, did you put in:

More hours than anticipated ____

About the number of hours anticipated ____

Fewer hours than anticipated ____

Comments:

b) Were the activities of the **Post-doctoral Fellowship**:

As you expected ____

Different from what you expected ____

Comments:

c) Did you feel able to negotiate with representatives of the site when your expectations or needs were different from the experiences you were having?

Yes ____

No ____

Sometimes ____

Not relevant ____

Comments:

5. Exposure to other professionals

Did you have contact with professionals from other disciplines?

A lot ____

Occasionally ____

Very little ____

None at all ____

Would you have liked the opportunity for more contact with other disciplines?

What I had was sufficient ____

I would have wanted more contact ____

Comments:

Part II

The items below ask for ratings and comments about your experience with your primary supervisor (please make copies as needed).

1. Supervisory Responsibilities: (e.g., punctuality, keeping appointments, providing the supervisory time you had been scheduled to receive).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

2. Interests: (e.g., in supervision, involvement in student's progress as therapist).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

3. Openness and Supportiveness: (e.g., warmth, empathy, absence of interfering biases or "defenses").

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

4. Adequacy of Teaching Methods: (this may, but does not necessarily have to include such things as providing demonstrations, role playing, direct suggestions or information, feedback on session tapes and readings).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

5. Provision of Feedback during the course of the year: (e.g., providing feedback on day-to-day handling of cases, therapist presentation, general progress of therapist).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

6. Helpfulness of ongoing feedback:

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

7. Supervisor's Level of Knowledge: (e.g., knowledge of relevant research, resourcefulness, adequacy as a role model, clinical skills).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

8. At the end of the postdoctoral Fellowship, how did the supervisor provide you with an overall evaluation of your work?

_____ Verbal Feedback _____ both
_____ Written Feedback _____ Neither

9. How much do you feel you have learned from this supervisor?

1	2	3	4	5
Nothing	A little bit	Satisfactory	Above average	Tons

Comments:

10. How would you rate the overall quality of this supervisor?

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

11. Exposure to other supervisors

a) How much contact did you have with other supervisors?

1	2	3	4	5
None	Very little	Satisfactory	Frequently	All the time

Comments:

12. How would you rate the availability of physical resources (e.g., books, tests, materials, computers, etc).

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

13. Do you have any additional comments on quality of supervision, your experience within the setting, etc.? Do you have any suggestions regarding how the **Post-doctoral Fellowship** experience in this setting might be improved in the future?

Larned State Hospital
Psychology Postdoctoral Fellowship Supervision Agreement

This is an agreement between _____ (Postdoctoral Fellow) and _____ (Supervisor) and Larned State Hospital. Both parties agree to the following:

This supervisory arrangement is established for the following purpose(s): to establish new competencies and provide an opportunity in **developing** professional development in the field of psychology. To the degree to which each party exercises control, it is the responsibility of both the supervisor and supervisee to ensure that the terms and conditions of the proposed supervision meet all requirements consistent with the above stated purpose of the supervised experience.

The term of supervision will be from _____ **to** _____.

Supervisee is expected to work 40 hours/week in professional activities being supervised, with **2 hours of 1:1 supervision/week from the primary supervisor and 1 hour of group supervision**. The primary supervisor shall retain responsibility for oversight of the delegated work. (Delegated supervision may entail assigning a portion of the supervisee's work to the oversight of someone with specialty competency in an area of supervisee interest such as assessment or a treatment modality or an ethnic population, as examples. Group supervision may involve additional supervisees of the same discipline or a treatment team, as examples.)

No agent, associate, or employee furnished by either party shall be construed to be an agent, associate, or employee of the other party. This Agreement shall not be construed as a partnership, a partnership agreement, a contract of employment, a joint venture or a profit sharing agreement. Neither party has the authority to obligate the other to any additional undertaking or commitment whatsoever.

_____ (Postdoctoral Fellow) is receiving a salary of **\$48,006.40 with benefits**.

Both parties have reviewed and consent to written policies and practices concerning client record keeping and access to records, documenting of supervised activities, documenting of supervision, confidentiality of client information and exceptions to confidentiality, handling of client emergencies and terminations, reporting of identity and supervised status of service provider, the indication of supervised status on all documents and reports, informing clients of provider's supervised status, and obtaining appropriate client informed consent.

Both parties agree to keep one another informed of all the facts about any alleged injury from the care or treatment of any patient and, subject to the terms of the malpractice policies, cooperate with each other in the conduct of the defense of any such claim.

Both parties agree to keep one another informed of changes, which may affect any of the terms of this Contract. Modifications to this Contract may be made with agreement of both parties. This Contract may be terminated by either party with 2 weeks' notice (except where earlier termination is reasonably necessary due to emergency circumstances). Any dispute arising between the parties regarding the enforcement or application of this Agreement must follow the due process procedure.

The Supervisor agrees to the following:

The supervisor will strive toward avoid any problematic dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. If a dual or multiple relationship does exist, the supervisor is responsible for explaining how the said relationship does not hamper objectivity or exploit the supervisee and the means developed to prevent/resolve any problems, which may arise from the said relationship.

The supervisor is responsible for the professional services provided by individuals under his/her supervision. The supervisor will assign to the supervisee only such tasks as the parties agree that the supervisee is competent to deliver by reason of the supervisee's training and experience. The supervisor will assign activities and delegate supervision in a manner consistent with the purpose(s) of this supervision contract, applicable state and federal law and the requirements of any applicable third-party payer program. Proposed supervisee activities are as follows: co-facilitating psychoeducational groups, shadowing various psychologists while conducting assessments and treatment, completing summaries for evaluation purposes, and collecting research articles in a field of interest. The back-up supervisor in case of emergency or absence of primary supervisor is your secondary supervisor. The supervisor will document supervision in the following manner: Contact log.

The supervisor will continually evaluate the appropriateness of the services rendered and the professional development of the supervisee. Formal evaluation of the supervisee will occur on an on-going basis according to the procedures outlined in this handbook. The supervisor proposes the following nature/style/manner of providing supervision to the supervisee: face-to-face, direct observation.

Appropriate space, equipment, and support services will be provided to the supervisee. The supervisor will maintain the following credentials in good standing: PhD or PsyD and LP. In accordance with APPIC standards the designated supervisor(s) will have a valid had a valid LP license for a minimum of two years. It is understood that the supervisory relationship must be terminated during any time the supervisor's license or other required credential(s) are suspended or subject to other disciplinary sanctions. The supervisor will ensure the supervisee uses a title indicating the appropriate training status (Postdoctoral Fellow). Supervision will normally take place at the same site the supervisee's services are delivered.

The Supervisee agrees to the following:

The supervisee will document supervised activities in the following manner: Contact Log.

The supervisee will follow all ethical codes, legal requirements, and office policies.

The supervisee will inform all patients of the supervised status of the treatment provider and obtain patient consent prior to the commencement of services. The supervisee will ensure the supervised status is documented on all written reports.

The supervisee will consider the supervised experience as a learning opportunity and seek the benefit of the supervisor's instruction and oversight.

I have read the above, had an opportunity to discuss related questions, and agree to the provisions set forth.

Supervisor

Date

Supervisee

Date

LARNED STATE HOSPITAL
POSTDOCTORAL FELLOW EVALUATION FORM

Name: _____

Supervisor: _____

Evaluation (please check correct evaluation period):

- ☐ 1st (6 months)
- ☐ 2nd (12 months)
- ☐ Other (Specify: _____)

Please check the methods of intern assessment during this rating period:

_____ Direct Observation	_____ Review of Written Work
_____ Videotape	_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction	_____ Comments from Other Staff
_____ Case Presentation	_____ Other (Specify: _____)

Rate your supervisee using the following scale:

U = Unsatisfactory NI = Needs Improvement S = Satisfactory EE = Exceeds Expectations E = Exceptional

Goal #1: Fellows will develop advanced levels of competence in clinical and consultative work.
Specific competencies to be achieved include:

1. Assessment/Evaluation:

- ___ Can develop hypotheses concerning client behavior and dynamics
- ___ Verbal and written conceptualizations convey essential elements of client dynamics
- ___ Knows when to seek further information to conceptualize the client
- ___ Incorporates nonverbal/process components of behavior in formulating client assessments
- ___ Knows when to incorporate psychological testing into the therapy process
- ___ Uses and interprets personality tests with proficiency
- ___ Can appropriately communicate test findings in verbal and written manner
- ___ Demonstrates competence using diagnostic criteria (DSM 5)
- ___ Can make differential diagnosis
- ___ Bases conceptualization and diagnosis on sound psychological theory

Comments:

2. Psychotherapy/Case Management

- ☐ Can employ basic interviewing skills, including initiating/terminating the interview
- ☐ Can explore client feelings
- ☐ Deals with client behavior in a nonjudgmental manner
- ☐ Selects interventions based on client needs
- ☐ Develops effective relationships with clients
- ☐ Develops goals appropriate for client issues
- ☐ Treatment planning incorporates realistic goals for short vs. longer term therapy
- ☐ Uses silence effectively
- ☐ Can provide both positive and negative feedback
- ☐ Can explore therapeutic process issues effectively with clients
- ☐ Awareness of group process and dynamics
- ☐ Able to intervene effectively in group therapy.

Comments:

3. Consultation and Outreach

- ☐ Establishes and maintains positive consultative relationships
- ☐ Provides effective outreach programming to diverse constituents
- ☐ Demonstrates understanding of the consultative role
- ☐ Assists consultees in managing crises or potential crises

Comments:

4. Crisis Intervention:

- ☐ Can appropriately assess crisis situations
- ☐ Can appropriately intervene during crisis situations
- ☐ Seeks consultation or supervision when encountering crisis situations as appropriate
- ☐ Provides appropriate follow-up
- ☐ Effectively makes referrals to campus and community resources

Comments:

5. Ethical/Legal Principles:

- ☐ Understands abuse reporting mandates
- ☐ Awareness of relevant legal issues and recent court rulings
- ☐ Understands possible clinical consequences of mandatory reporting
- ☐ Seeks consultation/supervision regarding legal mandates
- ☐ Knowledge of ethical standards
- ☐ Ability to apply ethical guidelines (demonstrates ethical behavior)
- ☐ Provides up to date case notes and/or assessment forms
- ☐ Demonstrates awareness of the hospital's limitations and assets.

Comments:

6. Self-awareness:

- ___ Monitors and recognizes one's own limitations as a counselor/psychotherapist
- ___ Recognizes own personal strengths, weaknesses, biases, needs and beliefs
- ___ Is aware of own feelings toward the client
- ___ Understand client's impact on self
- ___ Understand supervisor's impact on self
- ___ Can manage personal stress
- ___ Aware of impact on others
- ___ Understands personal impact on client

Comments:

Goal #2: Fellow will develop advanced cultural competence, and demonstrate this competence in clinical and consultative work. Specific competencies to be achieved include:

7. Cultural Diversity and Cultural Competence:

- ___ Demonstrates ability to incorporate ethnic, cultural, gender, socioeconomic, sexuality or other diversity when conceptualizing and diagnosing client dynamics
- ___ Is competent using differential therapy techniques with client from varying ethnic, cultural and lifestyle backgrounds
- ___ Takes into account individual differences in treatment planning
- ___ Demonstrates awareness of how own cultural identity might affect treatment
- ___ Comfortable and competent working with clients from diverse/dissimilar cultural group(s)

Comments:

Goal #3: Postdoctoral Fellow will demonstrate advanced development of professional identity as a psychologist and the roles related to functioning as a psychologist. Specific competencies to be achieved include:

8. Providing Supervision and Teaching

- ___ Uses theory appropriately to guide supervisee's (practicum/extern students only) treatment planning, conceptualization and intervention
- ___ Understands process issues related to providing supervision
- ___ Maintains appropriate boundaries with supervisee
- ___ Able to provide positive and negative feedback to supervisee in a supportive manner
- ___ Aware of how own process and issues impact the supervisory relationship
- ___ Assists supervisee in meeting ethical guidelines and standards of care
- ___ Provides appropriate instruction to practicum students on clinical and professional development topics.

Comments:

9. Research

- ☐ Maintains awareness of research which is relevant to clinical and consultative work

Comments:

10. Use of Supervision/Staff Relations:

- ☐ Open to evaluation and feedback
☐ Willing to take risks, acknowledge troublesome areas, and make mistakes
☐ Exhibits effective use of supervisory time
☐ Takes the initiative, actively participates in supervision
☐ Communicates self to the supervisor when appropriate (transparency)
☐ Displays a willingness to be assertive and does not inappropriately defer to supervisor
☐ Has an understanding of feelings toward authority figures
☐ Applies what is discussed in supervision to interactions with clients
☐ Relates effectively with other trainees
☐ Relates effectively with other professional staff
☐ Relates effectively with support staff
☐ Relates effectively with professionals from other disciplines

Comments:

11. Describe the Postdoctoral Fellow's strengths:

12. Describe areas for further development:

Overall comments:

Supervisor/Date

Fellow Comments:

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Fellow Signature/Date

Appendix A
Didactic Training Schedule
Friday's from 1:00 – 3:00 PM
Group Supervision and Case Presentation from 3:00 – 5:00 PM
Volunteer Building Conference Room

- | | |
|--------------|--|
| September 6 | Competency Restoration Treatment (Dr. Daum)
Learning Objectives: Outline core elements of CRT
Reference: LSH CRT Handbook |
| September 13 | Problem to Intervention via CITP (Dr. Barnum)
Learning Objectives: Outline an individualized interactive treatment planning process, including documentation policies at LSH; Actively generate the links from presenting problem to long and short term goals then intervention and discharge.
Reference List: LSH CITP policies |
| September 20 | Effective Multidisciplinary Team Membership (Snodgrass)
Learning objectives: Identify context of culture in conflictual situations, learn communication and conflict resolution skills.
Reference List: Larned State Hospital Written Plan for Professional Services; Managing Conflicts and Improving Relationships in the Workplace |
| September 27 | Mental Health/Forensic Law (KDADS Legal; Daren Root)
Learning objectives: Understanding important statutes and legal considerations with patients at LSH
Reference List: Kansas statutes and case law |
| October 4 | Evaluation of Adjudicative Competency & Ethical Considerations (Dr. Daum)
Learning objectives: The history of competency evaluations, competency evaluations in Kansas, special populations, assessment tools, and the evaluation process.
Reference list: <i>Assessment of Competency to Stand Trial</i> by Randy K. Otto, Ph.D., April 2009 and <i>Ethical Issues for the Forensic Psychologist</i> by Donald N. Bersoff, Ph.D., ABPP, May 2010 |
| October 11 | Trauma Informed Care (Dr. Karp)
Learning objectives: Incorporating trauma assessment and crisis management into current practices.
Reference list: <i>Complex Trauma, Complex Reactions: Assessment and Treatment</i> by C A Courtois; National Center for Injury Prevention and Control; SAMSHA |
| October 18 | Basics of Projective Testing (Dr. Barnum) |

- October 25 **Suicidology and Suicide Prevention** (Dr. Barnum)
 Learning objectives: Identify static and dynamic risk factors for suicide; Explain protective factors that reduce overall suicide risk; outline a phenomenological understanding of suicidal thinking; use an evidence based instrument to systematically assess risk for suicide and develop treatment plan elements to reduce risk.
 References: Man Against Himself (Menninger); CSSR-T; LSH Policies
- November 1 **Texas Functional Living Scale (TFLS), Vineland**
 Learning objectives: To learn adaptive functioning assessments
 References: TFLS and Vineland Manuals
- November 8 **Brief Therapy** (Dr. Vondracek)
 Learning objectives: Theories and practice of brief therapy, including when its use is appropriate.
 Reference list: J. Cooper, Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Essential Crisis Intervention Skills*; Daughhetee, C. & Bartlett, M. (2010). Overview of crisis intervention in Jackson-Cherry, L. & Erford, B. (Eds.), *Reacting in Crisis Situations*
- November 15 **Parallel Assessment for Competency to Stand Trial** (Dr. Daum)
 Learning objectives: Ruling out mental impairment and methods of collecting data and reporting to the court when the reportee is uncooperative.
 Reference list includes: *Parallel Assessment of Competence to Stand Trial* by R V Stredny, A Torres, and G J Wolber; *Comprehensive Assessment of Malingering in Forensic Settings* by Richard Frederick, Ph.D., April, 2009
- November 22 **Institutional Cultures & Professionalism** (Snodgrass & Barnum)
- November 29 **Holiday**
- December 6 **Complex Trauma** (Dr. Karp)
 Learning objectives: differences between PTSD and complex trauma, tools for assessment, empirically based treatment, and problems often associated with treatment
 Reference list: *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life* by Cloitre, Cohen, and Koenen; *Complex trauma, complex reactions: Assessment and treatment* by Courtois; *Treating Complex Traumatic Stress Disorders. An Evidenced-based Guide* by Courtois and Ford; *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors* by Pearlman and Saakvitne

December 13	<p>Group Therapy (Dr. Karp)</p> <p>Learning objectives: Common group modalities for inpatient settings, recognizing and managing problems encountered with conducting inpatient group therapy, ethical issues associated with group therapy conducted in an inpatient setting</p> <p>Reference List: American Group Psychotherapy Association Science to Service Task Force; <i>Introduction to Group Therapy</i>, by V Brabender; Center for Substance Abuse Treatment; <i>Locks, Keys, and Security of Mind: Psychodynamic Approaches to Forensic Psychiatry</i> by J Yakeley and J Adshead; <i>The Theory and Practice of Group Psychotherapy (5th ed.)</i> by I D Yalom and Leszcz</p>
December 20	<p>Lack of Mental State Assessment (Dr. Daum)</p> <p>Learning objectives: How to assess, write, and provide expert testimony on lack of mental state evaluations</p> <p>Reference List: Regina v McNaghten, 1843; Durham v US, 1954; and Model Penal Code, 1970</p>
December 27	<p>WASI/RIAS</p> <p>Learning objectives: administration, scoring and interpretation of the WASI and RIAS</p> <p>Reference list: WASI and RIAS manual</p>
January 3	<p>Diversity Trip</p>
January 10	<p>Behavioral Interventions/Behavior Support Plans (Dr. Karp)</p> <p>Learning objectives: Explaining the application of basic behavior change principles in inpatient psychiatric settings; understanding the elements of a BSP plan, tailoring it for maximum effectiveness, training unit staff, and the collection, compilation and utility of the data garnered.</p> <p>Reference list: BSP template and related hospital policies</p>
January 17	<p>Stages of Change Model (Dr. Barnum)</p> <p>Learning objectives: Outline elements of the Transtheoretical Model of Change; apply Transtheoretical Model to one's particular therapy approach and to an overall explanation of therapeutic change.</p> <p>Reference list: Kanfer & Goldstein, (1991). <i>Helping People Change</i>; Hubble, Duncan, & Miller, (1999). <i>The Heart and Soul of Change</i>.</p>
January 24	<p>TBA Post-Doc Fellow Presentation (Dr. Breaux)</p>
January 31	<p>Hypnotherapy and Therapeutic Communication (Dr. Barnum)</p>

February 7

Sexual Predator Evaluation (SPE) (Dr. Farr)

Learning objectives include: history of Sexual Predator Evaluations, the evaluation process, assessments used, issues with testimony and how to handle oneself in the courtroom

Reference list includes: K.S.A. 59-29a01 et seq.; Witt, P.H., & Conroy, M.A. (2009). *Evaluations of Sexually Violent Predators*; Phenix, A., Helmus, L.M., & Hanson, R.K. (2015). *Static-99R and Static-2002R Evaluators' Workbook*; Doren, D.M. (2002). *Evaluating Sex Offenders: A Manual for Civil Commitments and Beyond*; Hanson, R.K., & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Schopp, R.F., Scalora, M.J., & Pearce, M. (1999). Expert testimony and professional judgement: Psychological expertise and commitment as a sexual predator after Hendricks

February 13

SPTP and Good Lives Model/SRM-R (Keri Applequist and Dr. Deslauries)

Learning objectives: The history of SVP laws, SVP law in Kansas, and overview and history of the LSH SPTP program

Reference list: various Supreme Court Cases (US v. Hendricks; Crane v. US and data from the SPTP program evaluation process

Learning Objectives: Understanding a Positive Psychology model, linking motivation and values within a GLM framework, and understanding the use of offense-chains and Good Life Plans Reference list: *Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment* by Yates, Prescott and Ward; *Building a Better Life: A Good Lives and Self-Regulation Workbook* by Yates and Prescott

February 21

Positive Psychology (Dr. Barnum)

February 28

Integrated Behavioral Health (Dr. Vondracek)

Learning objectives: Roles of a psychologist in a medical setting, how medical and psychological issues can impact each other, and brief treatment in a medical setting

Reference list: Gerrity, Evolving models of behavioral health integration; evidence update 2010-2015. *Milbank memorial fund*; Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months by Madras, Compton, Avula, Stegbauer, Stein, and Clark, W. (2009). *Drug and Alcohol Dependence* .

March 6

Grief, Death & Dying (Dr. Vondracek)

Learning objectives: Understand the emotional and physical process of dying, understanding interventions that are applied to the patient, and family member support; understanding of the grief process and cultural difference related to expression of grief, and rituals related to dying.

Reference list: Cai, J., Guerriere, D, N., Zhao, H, & Coyte, P. C. (2017). Socioeconomic differences in predictors of home-based palliative care health service use in ontario, canada. *International Journal of Environmental Research and Public Health*, 14(7), 802. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551240/>;
Gordon, J. R., Gallagher-Thompson, D., Stillton, J., Canetto, S. S., Rando, T, Werth, J. L. (2000). *The apa workgroup on assisted suicide and end-of-life decisions*. Retrieved from <https://www.apa.org/pubs/info/reports/aseol.aspx>

- March 13 **TBA Post-Doc Fellow Presentation** (Dr. Newport)
- March 20 **WMS-IV** (Dr. Vondracek)
Learning objectives: administration of the WMS-IV, common pitfalls in administration, and scoring the WMS-IV
Reference list: WMS-IV manual
- March 27 **Dealing with Difficult Clients** (Dr. DesLauriers)
Learning objectives: defining “difficult,” identifying difficult clients, working with difficulties in a constructive manner including techniques for dealing with difficulty in the therapy process
Reference list: *Motivational Interviewing: Preparing People for Change* by Miller and Rollnick; Learning ACT by J B Luoma, S C Hayes, and R D Walser
- April 3 **Doing Supervision** (Dr. Barnum)
Learning objectives: theories/models of supervision, pitfalls and ethical considerations with supervision
Reference list: *Casebook For Clinical Supervision: A Competency-based Approach* by Carol A. Falender and Edward P. Shafranske
- April 10 **Diversity Trip**
- April 17 **Risk Assessment** (Travis Hamrick)
Learning objectives: defining risk assessment, process of completing a risk assessment, assessment tools (COVR, PCL-R, HCR-20)
Reference list: *Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence* by John Monahan, Henry J. Steadman, Eric Silver, and Paul S. Appelbaum; COVR and PCL-R manual
- April 24 **Psychopathy** (Dr. Okey)
Learning objectives: conceptual and theoretical issues related to psychopathy, research on psychopathy as a risk factor or recidivism and violence, including sexual offending
Reference list: *The Mask of Sanity*, 5th Ed. by H Cleckley, and PCL-R Manual

- May 1 **Program Evaluation** (Dr. DesLauriers)
 Learning objectives: Overview of program evaluation. Reference list includes: *Program Evaluation: Methods and Case Studies, 7th Edition* by Emil J. Posavac and Raymond G. Carey
 Learning objectives include: the history of SVP laws, SVP law in Kansas, and overview and history of the LSH SPTP program Reference list: Various Supreme Court Cases (US v. Hendricks; Crane v. US and data from the SPTP program evaluation process
- May 8 **Psychopharmacology** (Dr. Burke)
 Learning objectives: Basic principles of pharmacokinetics and pharmacological psychodynamics and commonly prescribed psychotropic medications, their uses, and possible side effects
 Reference list: American Psychological Association, Practice guidelines regarding psychologists' involvement in pharmacological issues; *Merck Manual of Diagnosis and Therapy (18th ed.)*; *Synopsis of psychiatry (10th ed.)* by Sadock and Sadock
- May 15 **Working with an Older Adult Population** (Dr. Vondracek)
 Learning objectives: Identifying effective therapy strategies for a geriatric population, ruling out medical causes of mental health symptoms, how to involve family in treatment, and ethical issues.
 Reference List: Zarit and Zarit, *Mental disorders in older adults: Fundamentals of assessments and treatments*, Geriatric neuropsychology: Assessment and intervention (Attix, D. and Welsh-Bohmer, K.); APA Guidelines
- May 22 **Expert Testimony** (Dr. Farr)
 Learning objectives: Role of testimony at LSH, experience with court cases at LSH, and tenants of good testimony
 Reference list: *Coping With Cross-Examination and Other Pathways to Effective Testimony* by Stanley L. Brodsky; *The Expert Witness: More Maxims and Guidelines for Testifying in Court* by Stanley L. Brodsky
- May 29 **Working in the Private Practice Sector** (Dr. Barnum)
 Learning objectives: pros and cons of working in a private practice, how to begin private practice work, ethical considerations in private practice
 Reference list: *The Paper Office, Fourth Edition: Forms, Guidelines, and Resources to Make Your Practice Work Ethically, Legally, and Profitably (The Clinician's Toolbox)*, by Edward L. Zuckerman PhD; *Getting Started in Private Practice: The Complete Guide to Building Your Mental Health Practice* by Chris E. Stout

June 5	<p>Spirituality at a State Hospital (Jeff Brown)</p> <p>Learning objectives: Role of a clinical chaplain versus that of minister, priest or volunteer pastor, differences between spirituality and religious needs, and working within a multidisciplinary environment.</p> <p>Reference list: chaplaincy manuals. Flannelly, K. J., Weaver, A. J., & Handzo, G. F. (2004). A three-year study of chaplains' professional activities at Memorial Sloan-Kettering Cancer Center in New York City. <i>Chaplaincy Today</i>, 20(2), 3–12.</p>
June 12	<p>Motivational Interviewing (Dr. DesLauriers)</p> <p>Learning objectives: Familiarity with techniques for developing readiness to change and dealing with therapeutic ambivalence</p> <p>Reference list: Miller and Rollnick, <i>Motivational Interviewing: Helping Persons Change, (Applications for Motivational Interviewing)</i>, 3rd Ed.; and Sobell and Sobell, <i>Group Therapy with Substance Use Disorders; A motivational cognitive behavioral approach</i></p>
June 19	<p>Mock trial (Training Staff and Interns)</p> <p>Learning Objective: All interns serve as an expert witness with local attorneys and judge using a redacted forensic evaluation to receive feedback regarding court testimony and court room protocol.</p>
June 26	<p>Ongoing Professional Development (Training Staff)</p> <p>Learning Objectives: Be able to discuss the importance of continued professional development, discuss strategies to determine own level of competence.</p>
July 3	Holiday
July 10	<p>State of Mental Health (Dr. Barnum)</p> <p>Learning objectives: Thinking critically about how budgets/politics/etc. can impact the delivery of mental health services.</p> <p>Reference list: NAMI website, KHI website</p>
July 17	<p>Present Dissertation/CRP (Interns)</p> <p>Learning objectives: Ability to critically discuss research</p>
July 24	<p>Report Out On Intern Project (Interns)</p> <p>Learning objective: Application of research to program development, professional communication skills and development; develop skills to apply research to a program.</p>
July 31	Internship Graduation

APPENDIX B

EVALUATION OF DIDACTIC PRESENTATION LARNED STATE HOSPITAL PSYCHOLOGY FELLOWSHIP PROGRAM

Date of presentation: _____

Topic: _____

Presenter: _____

1. On the bases of my overall impression of this presentation, I would evaluate it as:

Excellent_____ Good_____ Satisfactory_____ Below Average_____ Poor_____

2. The presenter was well prepared:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

3. The material was interesting and informative:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

4. The presenter held my attention:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

5. The topic of the presentation was covered sufficiently:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

6. What aspect of the presentation did you like the most and why?

7. What aspect did you like the least and why?

8. Suggestions for improvement.

9. Topics of interest for future training sessions:

APPENDIX C

Fellow Disclosure Letter (to be put on current LSH Letterhead)

Dear Larned State Hospital Patient:

The purpose of this letter is to inform you that Larned State Hospital (add name of program: Psychiatric Services Program (PSP), State Security Program (SSP), or Sexual Predator Treatment Program (SPTP)) utilizes the services of Psychology Postdoctoral Fellows.

(Postdoc X), Ph.D./Psy.D. is supervised by (add name of supervisor: Debra Vondracek, Psy.D., or Robin Karp, Psy.D.).

If you would like to contact her/his supervisor about the services you receive from (Postdoc X), please fill out a request form and turn it in to your treatment team.

Please keep a copy of this notice for your records.

APPENDIX D
STAFF DIRECTORY

PSYCHOLOGY DEPARTMENT STAFF DIRECTORY

Last Name	First Name	Office Phone	Cell Phone	Office	Position
BARNUM	David	4674	804-2165	Volunteer Bldg.	Clinical Director/Training Director
KARP	Robin	4040	804-2077	Volunteer Bldg./IR N3	Psychology Director
STROBEL	Bonnie	4870		Volunteer Bldg.	Sr. Adm. Assistant
PSP					
VONDRACEK	Debra	4506	804-1020	ATCE	Supervising Psychologist
BROWN	Eric	4068		CSU	Psych II
CHAMBERS	Katie	4827		ATCE	Psych II
HICKMAN	Gina	4899		CSU	TPC East/West - Sr. Adm. Asst.
GILES	Jo Ann	4001		CSU	TPC - Sr. Adm. Asst.
HICKEL	Greg	4783		ATCW	Clinical Therapist
MURRAY	Sean	4833		ATCE	Program Consultant I
NWACHUKWU-UDAKU	Okey	4589		CSU	Psych II
SCHNEIDER	Brent	4589		ATCW	Postdoctoral Fellow
SSP					
DAUM	Roy	4063		IR East Community	Psych II
FARR	Rebecca	4069		IR East 2	Psych III
GRALOW	Dorothy	4254		IR East 3	Psych II
HAMRICK	Travis	4073		IR East Community	Psych II
MANGROO	Tara	4729		IR N1, N3, S1	TPC - Sr. Adm. Asst.
PONCE	Aracely	4031		IR East 1, 2, 3	TPC - Sr. Adm. Asst.
TIMS	David	4077		IR North 1	Psych II
SPTP					
APPLEQUIST	Keri	4748	804-1070	Meyer East	Assistant Clinical Director for SPTP
GREATHOUSE	Tina	4014		Meyer East	Administrative Specialist
VACANT		4840		Jung S 109	TPC – Sr. Adm. Asst.
VACANT		4731		Jung S 109	TPC – Sr. Adm. Asst.
VACANT		6611		Meyer East	Supervising Psychologist
VACANT		4702		Mod C 108	Human Services Counselor
2019-2020 INTERNS					
JOHNSON	Katherine	4544		IR North 2	SSP Intern
DETULLIO	David	4228		IR S. /Testing Office	SSP Intern
AYALA	Evelyn	4011		ATC - East	PSP Intern
2019 PRACTICUM STUDENTS					
ERVIN	Randy	4352		ATC-W	Practicum Student
WRAY	Corinne	4352		ATC-W	Practicum Student